PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

| (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN PR SMALL ENTITY | |
|--|--|--|--|--|----------------------------|---------------------------------------|-----|---|------------------------|-------------|---|------------------------|
| U.S. NATIONAL STAGE FEES | | | 2 | 24 | | · · · · · · · · · · · · · · · · · · · |] [| RATE | FEE | | RATE | FEE |
| BASIC FEE | | | SMALL ENT. | = \$ 150 | LARC | SE ENT. = \$ 300 | 1 | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | Satisfies PCT A (4) = \$50 | | | her situations = | 1 | EXAM. FEE | | 1 | EXAM. FEE | 200 |
| SEARCH FEE | | | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | ıntries = | | her situations = 250 / \$ 500 | | SEARCH FEE | | | SEARCH FEE | 500 |
| FEE | FOR EXTRA S | SPEC. PGS. | minu | ıs 100 = | / 50 = | | | X \$ 125 = | | | X \$ 250 = | |
| тот | AL CHARGEA | BLE CLAIMS | 24 mir | nus 20 = | . 4 | | | X \$ 25 = | | OR | X \$ 50 = | 200 |
| IND | EPENDENT CL | AIMS | 3 minus 3 = . | | | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PRI | ESENT | N | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | lumn 2 | | TOTAL | | OR | TOTAL | 20 D |
| AMENDMENT A | Total Independent FIRST PRES | (Column 1) CLAIMS REMAINING AFTER AMENDMENT * ENTATION OF M | Minus Minus ULTIPLE DEPE | (Colur HIGH NUME PREVIC PAID (| EST BER DUSLY FOR | (Column 3) PRESENT EXTRA = | | SMALL E RATE X \$ 25 = X \$ 100 = + \$ 180 = OTAL ADDIT. FEE | ADDI- TIONAL FEE | OR OR OR OR | RATE X \$ 50 = X \$ 200 = + \$ 360 = TOTAL ADDIT. FEE | ADDI- TIONAL FEE |
| | | (Column 1) | | (Colum | nn 2) | (Column 3) | | | | | - | |
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | Γ | X \$ 100 = | | OR | X \$ 200 = | |
| , | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$.180 = | | OR | + \$ 360 = | |
| | | | | - | | | T | OTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | mn 1 is less than the mber Previously Paid | | | | | | | | | | |

[&]quot;*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.